DOCUMENT RESUME

ED 278 916 CG 019 695

AUTHOR Prezioso, Frederick Alan
TITLE Spirituality and the Treatment of Substance Abuse.
PUB DATE 86
NOTE 88p.
PUB TYPE Viewpoints (120)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Alcoholism; *Counseling Techniques; Drug Abuse; *Drug Addiction; *Drug Rehabilitation
IDENTIFIERS *Spirituality; *Substance Abuse

ABSTRACT

This document attempts to give some shape and definition to the term spirituality as it relates to the addiction and recovery of chemically dependent persons and co-dependents. Positive and negative spirituality are discussed and addiction and "hitting bottom" are described. A variety of spiritual issues that are a part of the recovery process are enumerated: (1) detachment, forgiveness, and serenity; (2) a higher power initiates and empowers recovery; (3) the dark side of the self; (4) the process of conversion; (5) the spiritual guide; and (6) recovery as a journey homeward. Finally, a comprehensive approach for emphasizing spirituality within an inpatient treatment setting of 21-28 days is suggested. The 12 steps of Alcoholics Anonymous are appended. Notes, works cited, and an eight-page bibliography are included. (NB)

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SPIRITUALITY

AND THE TREATMENT OF SUBSTANCE ABUSE

by

Frederick Alan Prezioso

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SPIRITUALITY
AND THE TREATMENT OF SUBSTANCE ABUSE

BY

FREDERICK ALAN PREZIOSO

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Dedication

To my wife, Nanci, and to my children,
Donald and Karen, whose love sustains
me on my journey homeward.

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Introduction

This study is intended to partially meet the requirements for a Master of Arts degree in Addiction Counseling. It is also an expression, in part, of my own personal spirit journey over the past several years. Interestingly enough, this spirit journey has led me to my present position as a substance abuse therapist in an inpatient hospital setting.

I have a very real sense of being "called" to this work in addiction. I believe I have been guided throughout my career so as to arrive at this particular time and place. And I have felt "pulled" and "prodded" by many forces and experiences as the ideas for this paper have taken shape since my original decision to write on the subject. Like my own spiritual journey, this paper represents one step in the process of my own recovery rather than an isolated event, and it is a process that I expect and hope will continue long after the final paragraph is written.

This paper was born of personal reflection and dialogue. It is a product of my own experience of powerlessness and grace as I have struggled to build meaningful and honest relationships with my self and others, and as I have grappled with both personal and career issues.

While my research has included such standard avenues of investigation such as a literature search, personal interviews and attendance at several conferences related to spirituality, some of the most significant "research" was of the more personal and informal variety such as coming to terms with my own gifts, limitations and shadows in conversations with my supervisors, fellow staff members, patients and friends.

I am particularly indebted to those colleagues, friends and instructors who have walked beside me on this most recent portion of my spiritual journey, especially the staff and patients of the treatment centers where I have worked as a substance abuse therapist, and those at Chelsea Hospital's Kresge House where I am now working. Their compassion, understanding, acceptance and support have given me no less a gift than life itself in the form of strength to bear with the difficult times, encouragement to continue on a spiritual path and the courage to maintain my commitment to personal and professional growth.

These relationships have given me the impetus to face myself, to grow and to experience a deepening spirituality, to discover a new understanding of what it means to deal with stressful situations with dignity, integrity and competence, and to effectively communicate in caring and compassionate ways.

A special thank you to those who read a preliminary draft of this manuscript and/or agreed to be interviewed during the writing process: Leo Booth, Al Hoogewind, Joseph Martin, Dagne Phillips, Glen Hiatt, Ron Demkowski, Ellen Fabes, Betsy Beckerman, Kathy Batell, Donna Dotson, Laurie Douglas, Ed Humenay, Estelle Humenay, William Wilson, Jim Kendrick, Joseph Klecka, Bill McKeon, Thomas Peckham and Nancy Rhode.

And my deep appreciation to Sr. Eileen Rice and Barry Reinink for their continuing support and guidance throughout the development and writing of this thesis. As members of my Graduate Advisory Committee their assistance has been most helpful.

I have studied numerous authors in preparing this paper, and several deserve special mention here. Reading their works, struggling with their ideas and sharing their personal journey has deeply affected me on a personal level. These authors have helped to clarify the benchmarks of my own journey, and have given me the courage to continue along this path: Paul Bjorkland, Leo Booth, Jerry Dollard, Allen Hoogewind, Henri Nouwen, Scott Peck, Harry Tiebout and Charles Whitfield.

My goals in this paper are to define spirituality, to enumerate some of the spiritual issues involved in the treatment of, and recovery from, addiction and to develop a specific treatment approach to effectively address

spirituality within the treatment process.

A number of assumptions and beliefs have influenced the writing of this paper. I share them now in the interest of clarity and honesty so that the reader might have some understanding of my approach to addiction, recovery and spirituality.

First, I believe that it is important to avoid the language of religion and to speak of spirituality in the broadest terms when relating spirituality to the treatment and recovery of chemically dependent persons. This is an attempt to avoid associating spirituality with some of the negative ideas and experiences around religion that many people in our society have had since childhood. Also, while religion can incorporate a healthy spirituality, spirituality is much broader than any religion or ideology, and needs to be approached accordingly.

While this is true, I am also a product of a particular religious tradition and have certain convictions of my own. For example, the Higher Power referred to throughout this paper, for me, is the Creator-God of the Judeo-Christian tradition, whose creative and sustaining power, I believe, lies at the heart of our universe. Further, I believe that God calls us to live responsive and responsible lives in our relationships, and that He guides and empowers us on our journey through life.

Through His guidance all things work toward healing, sanity and wholeness and the journey toward personal fulfillment proceeds as I struggle with issues of meaning, purpose and identity ("Who am I?" and "What is my purpose in this life?").

The entering of a higher power into my life enables and empowers me to fulfill my created potential. This is sometimes called grace and refers to the influence of the divine in my life, or my experiencing of a "universal consciousness" (Whitfield, lecture, 1986). It is a creative and regenerative power that I receive as a gift for it comes to me without human reasonableness and often, in spite of my efforts, be they positively intended or otherwise. This grace requires an emptiness or felt need for it to enter, an experience of powerlessness, or "hitting bottom" or a feeling of having reached the end of my rope. It is a signal event in my life, or crisis, that causes me to look at my values, my relationships or my assumptions in a new way. It is a "spiritual event."

Further, I believe that I am more likely to experience such an event as a spiritual event and as an opportunity for growth if those who help to make it happen and walk beside me during this crisis are "spiritual" people (people who have themselves experienced powerlessness and grace during their own pilgrimage in this life).

Finally, I believe that the crises or problems I experience are not simply obstacles to be overcome, or if

possible avoided, but are opportunities for discovery about my self and my world, and motivators for change and growth. Sometimes such crises or difficulties are, in fact, necessary to one's growth and development as a human being. Alice Walker, author of The Color Purple, writes, "I've learned little from that which did not make me sick...(I discovered it was)...possible to love my blind eye for all it had taught me of shame, anger and inner vision" (1984, 370 and 393).

What is Spirituality?

There are many factors and issues that may be included under the broad heading of spirituality. Specifically, however, the term refers to a quality of being and, more precisely, to the essence of being human (Roessler 50).

Spirituality is the life-force, the energy and the driving force within us. It is that inner restlessness that calls us beyond "self."

Spirituality is our capacity to see ourselves as others see us, and to have an awareness of a higher power. It is the capacity to experience, to a greater or lesser degree, passion for a cause, compassion for others and forgiveness of self. Spirituality is our capacity to experience pleasure, euphoria, enthusiasm, emptiness, psychic pain and despair.

I believe spirituality is a journey, a process of becoming, not an achievement. Therefore, it is more accurate to speak of it as a potential, including both promise and pitfalls, rather than as a possession. I believe that Father Bill McKeon is correct when he notes of spirituality that, "You don't get it; you discover it" (McKeon, lecture). It is forged on the anvil of human experience, over my life time. Broadly speaking, it is, "The response of the whole person to all of life" (Rhode, interview).

Jerome Dollard states, "...every human being is a spiritual being. The question is whether the spirituality we have is the negative one that leads to isolation and self-destruction or the one that is more positive and life giving..." (Prugh, 29).

The question is, when I look inside of myself and when I look outward, what do I find, what do I choose to see? What do I decide? What style of relating to my self, others and the world about me do I choose to adopt? Do I relate in a positive, creative way or is my approach negative and destructive? Am I hopeful or cynical, serene or resentful, accepting or rejecting? Do I believe that all things ultimately work for the good, guided by a benevolent power greater than my self, or do I believe that life is finally only a losing battle against the forces of destruction and despair?

The answers to these questions will have a determining influence on whether I develop a negative or a positive spirituality.

Negative Spirituality

"...fear is the foundation of negative spirituality, states Dollard, and from that fear comes self-pity and resentment..." (Prugh, 29). This fear is also the motivating force behind our believing and acting as if we are the center of the universe. Our relationships are

influenced and guided by a philosophy that says life is a series of win-lose propositions, that issues are black or white, that people and events are good or evil. We tend toward rigidity, exclusiveness and grandiosity, compulsively attempting to control self, others and environment. We use psychological defenses to avoid seeing ourselves, others and the world around us as they really are.

Positive Spirituality

On the other hand, a positive spirituality is marked by trust, flexibility and inclusiveness. It is an awareness of self and others that is based on reality, not perceptions distorted by fear.

Positive spirituality is "...looking at ourselves, our real selves" (Quinn, lecture), and "...to see things as they are rather than as how we would like them to be" (Booth, Walking on Water, 77). It includes a willingness to confront my self, my defenses and my fears; a willingness to trust and to take the risks necessary to achieve personal growth and recovery. It includes a willingness to face, and to work through, the sometimes ugly and frightening surface issues in my life in order to see and appreciate "...the beauty that exists within" (Booth, Walking on Water, 56).

This positive spirituality finds expression in my sense of gratitude and acceptance, my sense of connected-

ness with others and with a benevolent power greater than my self. Setbacks and crises are not seen as defeats but as opportunities for growth. Positive spirituality is anchored in the belief that my life has meaning and purpose, and that, while imperfect, I am basically acceptable, lovable and worthwhile. My relationships are marked by freedom and openness, a "...letting go and letting be...a freeing path..." (Fox, 232).

Spirituality has to do with my relationship to whatever or whomever is most important in my life. What I decide is most important to me, therefore, and how I live my life, will determine whether I experience a positive or a negative spirituality. This decision also provides the focus for my addiction, for I become addicted to that which I decide is most important to me. Indeed, I come to believe that it is necessary to my survival.

Addiction and Hitting Bottom

Making particular application to addiction, spirituality has to do with the addict's relationship to the drug which, he believes, is essential to his survival. The drug is used to medicate pain, to provide or enhance a feeling of self confidence. It is used to achieve a sense of well-being. [1]

The alcoholic/addict pursues a "...life style that (doesn't produce the intended results, but rather) produces further distortions in self image, behavior and self-sufficiency...The spirit, or the spiritual dimension, is walled off by defense mechanisms and physical needs...The result is a deepening separation from God (or Higher Power), neighbor, self and the universe. Small wonder that alcoholism is described as the 'disease of loneliness' in alcoholic circles. The disease progresses as alcoholics seek support and comfort in the strength and warmth of the chemical god" (Roessler, 51 and 52; See also, Kurtz, Not God, 210).

The alcoholic's use of chemicals has gotten him through pain, hurt, the fear of his own anger and his fear of rejection. In the short run, it has served a positive result. But in the long run, he creates pain in is very attempt to avoid pain. His need for the chemical overrides his rational mental processes. There is a separation

of his rational thought processes from his physical need for the drug, so that he is less and less aware of the destructiveness of his addiction. For example, he needs sleep and relief from his anxiety, and the drug helps him to achieve these. In the long run, however, he falls victim to the restlessness, the anxiety and the frantic pursuit of the drug that comes with a growing tolerance.

In the short run, alcohol helps him to achieve greater sociability and social acceptance. In the long run, friends are limited to fellow alcoholics. Relationships and contact with the world around him become increasingly limited with the loss of job and family, and deteriorating health. He may lose his driver's license, and with that, there is a loss of mobility and independence. There may be time in jail for drug-related offenses, resulting in the loss of freedom and further isolation. With a decreasing self-esteem, the alcoholic has fewer personal survival resources available to him.

The person who is addicted increasingly builds his life and his actions on his own will, his own way of perceiving reality, his own solutions to the problems and contingencies of every day living. According to Kurtz, he attempts to play at being God (Not God, 210-211). Yet, what he can call his own, and his personal coping skills and rational faculties, diminish in proportion to

his growing addiction as he increasingly attempts to control himself and his world. He becomes increasingly impoverished. He loses his connectedness with himself (loss of integrity), with others and with the universe. He presents "...an extreme example of self-will run riot" (Alcoholics Anonymous, 60).

Addiction thus represents an attempt to be one's own God (controlling and manipulative behaviors) and allegiance to a false god (be it alcohol or some other drug). But neither is life-giving (Rohde, interview). Both are a source of frustration and impotence because they draw the addict away from reality and from himself. They help him, under the guise of survival and meaning, safety and protection, to avoid those experiences and crises that, in fact, may be necessary for his survival and growth.

The addict compulsively and frantically attempts to gain and maintain control. In the process, however, he loses his sense of values. Honesty gives way to deceit. Trust gives way to fear. Responsibility falls victim to an erratic life style. Trustworthiness gives way to lies and manipulation. He is caught in a downward spiral of anger, compulsivity, guilt and pain. In his desperate attempt to save himself and to make sense out of his life, he loses himself and those things that he values the most (integrity, home, family and job).

What goes wrong? What leads to this warped sense of reality, this impossible struggle to see his way clearly in a world of "fun-house mirrors" (McKeon, lecture)? The answers are as complex as the disease itself, but Tiebout sheds significant light on the discussion at this point. He believes that certain Ego Factors, or residual beliefs and behaviors, left over from infancy continue to influence adult functioning and have a major role to play in the development and maintaining of addiction. These include the addict's mistaken assumption that he is omnipotent, his inability to accept frustration, and his tendency to do everything in a hurry (Tiebout, 1954).

For example, promises, so often made and broken in an alcoholic home, cause the adult child who later becomes addicted to seek immediate gratification and immediate solutions to problems in the belief that if it doesn't happen right away, it may never happen. Or, the sense that no one is in control, so often true in the alcoholic home, can result in the addict coming from such a home to try and define and control his own treatment, or to act impulsively in the belief that he must control what happens in order to get his needs met or to avoid becoming a victim. Furthermore, the addict who was raised in an alcoholic home often functioned more effectively in that home than did his parents. He may have served as a caretaker in that home

(cleaning, getting meals or parenting younger siblings). Such behaviors give the child a grandiose feeling of power ("I can make mommy and daddy better;" "All daddy needs is me") and may result in the false belief that the world revolves around him.

It is such Ego Factors, or residual beliefs and behaviors as these, that often result in the controlling, manipulative and compulsive behaviors so often evidenced in the lives of addicted or co-dependent persons.

As the disease progresses, the addict becomes increasingly self-centered. More and more his life is organized around getting and consuming the drug. He becomes increasingly isolated and withdrawn, cutting himself off from life-giving relationships. He avoids and suppresses his feelings because they have become too painful or too frightening to bear.

He becomes a stranger to himself, "...split within...," to use Tillich's phrase (158), separated from himself, separated from others and separated from that which can give meaning and purpose to his life. [2] He experiences a growing "dis-ease" (Keller, 1985, 18) in his quest/failure to find in alcohol and/or other drugs some kind of "...healing, wholeness and fulfillment" (Keller, 1985, 18). [3]

Alcoholism is a "spiritual quest" (Keller, 1985, 20) doomed to failure, however, because something of fundemental importance is missing from the addict's life. As

Estes notes, "Alcoholics speak of this inner emptiness as that 'hole-in-the-gut feeling'" (12). What is missing is a belief in a higher power.

The alcoholic cannot "will" himself into health and wholeness. The answer is not within, but beyond his own self and his own will. This is a "sacred disease of the modern world," according to Gerald May, "...because no other situation so strongly confronts the failure of personal will and the necessity for surrender" (Roessler, 87). It requires a spiritual answer that comes from both deep within, and outside of, the self. It cannot be grasped; it must be received.

The spiritual answer to the addict's dilemma, the answer that must come from beyond himself before the process of recovery begins, first requires that he experience his limitations and his powerlessness. In addiction, this is called, "hitting bottom."

Whitfield states, "Although it is painful and unwanted, hitting bottom is 1) not pathological, it is normal, 2) a critical choice point in life necessitating a 'leap of faith,' 3) an essential condition [4] for growth and psychological change, and is 4) often a catalyst for an emerging new awareness or inner conviction (Mogar 1965, LiLeo 1982)... to experience a bottom one must go through it. One generally cannot go around it and transform. To experience it fully, one must be totally conscious and aware..." ("Stress

Management," 9 and 10).

Tillich describes hitting bottom from a theological perspective when he speaks of the crisis-time in a person's life, the moment that prepares him to experience, receive and accept the presence of a higher power. "Grace strikes us when we are in great pain and restlessness. It strikes us when we feel that our separation is deeper than usual, because we have violated another life, a life which we loved or from which we were estranged. It strikes us when our disgust for our own being, our indifference, our weakness, our hostility and our lack of direction and composure have become intolerable to us. It strikes us when, year after year, the longed for perfection of life does not appear, when the old compulsions reign within us as they have for decades, when despair destroys all joy and courage" (162).

Hitting bottom in this context, then, can be spoken of as both the occasion for a higher power acting in the addict's life, and as a stimulus toward recovery (surrender and acceptance). James puts it rather succinctly when he states, "Man's exremity is God's opportunity" (210).

A reading in the Hazelden publication, Twenty Four Hours A Day, describes this process: "Our need is God's opportunity. First we must recognize our need. Often this means helplessness before some weakness or sickness

and an admission of our need for help. Next comes faith in the power of God's spirit, available to us to meet that need. Before any need can be met, our faith must find expression. That expression of faith is all God needs to manifest His power in our lives. Faith is the key that unlocks the storehouse of God's resources" (April 12).

Hitting bottom as an occasion for recovery to begin, involves more than a simple emergency or every day feeling or event. For, when such an event is concluded or the feeling (e.g. anxiety) passes, a person can return to "business as usual." Hitting bottom, on the other hand, is a crisis in the person's life that requires some kind of change to take place: a new attitude, a new way of living and/or relating. According to Elkin,

> A crisis is an event that confronts a system in an area where the system has no existing tools to cope. As a result, the system must recognize that the situation exists and must change to accommodate the new demands. This change may be either to dissolve, to learn new skills, or to adopt new structure, but remaining the same is not an option. Crisis must result in change.
>
> Alcoholic families are often said to be crisis-oriented. This is an error. Alcoholic families are emergency-oriented. An emergency

> is a situation confronting a system which causes several of its members to become agitated. There is usually a plethora of loud noises and sudden, convulsive movements, followed by a return to the preexisting situation. An emergency can be distinguished from a crisis by the fact that systemic change does not follow an emergency (54).

At this point in the addictive process, the addict finds that he is completely powerless to control his own destiny, the lives of others, his own addiction. He is at the mercy of forces and powers beyond his control and understanding. He experiences, in extreme form, his imperfection, his humanity and his dependence.

The alcoholic has always feared his powerlessness, his pain and his anger. The forces and powers beyond his control are seen as malevolent. He uses the drug as a means to gain control, to medicate his pain and to relieve his anxiety. When he "hits bottom," the alcoholic admits the futility and the destructiveness of the path he has chosen. His way doesn't work. He is desperate to grasp at any straw. He is ripe to begin the process of recovery.

Zack Mayo, one of the principal characters in the movie, Officer and a Gentleman, provides an excellent example of one who experiences his "bottom" at the point of admitting his dependence on someone or something beyond

himself. The key turning point in his life is reached when he experiences the end of his endurance, both physically and emotionally. He is doing sit-ups as a punishment, and the training sergeant is verbally assaulting him, attempting to get him to quit officer's school because he feels that Mayo is too caught up in himself to be trusted with the lives of others. The sergeant is beginning to walk away from Mayo, portraying disgust and contempt. Then Mayo begins to cry. He screams through his tears that he cannot quit because, "I got nowhere else to go. I got nothing else" (1982).

Mayo surrenders to who he is, and to the reality of his circumstances. He admits his need of a power beyond himself, his need for others. He shares his deepest feelings and needs in the presence of another human being, and is ready to receive what he needs (grace and acceptance) through the life of that other person.

Spirituality and Recovery

Recovery from chemical dependency is a process that involves building, piece by piece, one day at a time, a healthier and more fulfilling life style. According to Hoogewind, it is a journey in four stages (Lecture).

It begins in addiction with the attitude, "I want, what I want, when I want it." It is the stage of the "big Ego" and includes playing God, attempting to control, denial, loneliness, low self-esteem and paralogic thinking. The addict fears admitting the seriousness of his disease, for that will require change and movement away from familiar defenses. He avoids emotionally connecting with others for fear of being used or of not measuring up to their expectations, or his own unrealistic, perfectionistic standards. The addict's experience is that stating the truth as he knows it, and being open with his feelings only brings rejection and/or retaliation. Therefore, he retreats within himself and carefully measures how much he will disclose of his innermost thoughts and feelings. His attitudes, behaviors, even his affect become sharply defined and rigid.

From here the recovering person passes through a compliance stage. He has an "I've got to" attitude. It is a period of conforming to the rules, being motivated

by fear and the growing awareness of the consequences of the disease, going through the motions (a fake it until you make it approach), and there is a "grimness" to his determination to stick with the program. The addict begins to know what he needs to do for recovery, but his heart still belongs to the drug and to the former addictive life style. While he is not yet convinced that recovery will bring the promised results, the impact of the drug and its affects are ever fresh in his mind (and in his body!). Sobriety does not look pleasant, and it does not yet bring the same rewards that other recovering addicts speak of so fervantly. But he knows he must stay sober or he will die, go insane or spend many of his remaining days in jail. The addict experiences his powerlessness over the drug, and the unmanageability of the addictive life style. However, the familiar controlling patterns still get in the way as he tries to manipulate others and his environment, and to achieve recovery on his own terms. Compliance becomes a way to regain control!

This particular stance is aptly illustrated by the patient who visualized his addiction in a series of dreams. Before entering treatment, his addiction took the form of a very large, menacing and uncontrollable lion. After detoxification and one week of inpatient treatment, his addiction took the form of a mean, but small, tom cat. He interpreted the addiction as still dangerous,

but potentially manageable!

Another patient exhibited compliance in a different way. He fulfilled his therapist's assignment by talking about his addictive life style in group therapy. He verbalized his desire to change by saying, "I'll never treat people like that ever again!" But when he said this, there was a slight smile on his face, and his appearance was flushed and agitated. When questioned further, he admitted that his earlier behavior gave him a feeling of power and satisfaction and, deep down, he couldn't imagine himself giving that up.

The next stage is surrender. The addicted person chooses to recover and to take personal responsibility for it happening. He comes to believe that recovery is, indeed, an option. He, as well as others, will benefit. The focus of this decision is often a specific issue or question such as whether to remain in his marriage, whether to remain in a certain career or peer culture, or to let go of a counterproductive behavior or attitude. The addicted person makes choices that effectively eliminate old "escape hatches" (e.g. the thought that he can always get drunk, "shoot up" or kill himself if things get bad enough).

To surrender is to trust the process of recovery even though that process is very painful at times. The

The addict chooses to move through the process of recovery without knowing what the future holds or even how today or this particular relationship will turn out. Surrender begins with a true "moment of faith," sometimes small and seemingly inconsequential, yet pregnant with the potential of his whole life being re-ordered and restructured as a result. Beginning with this stage of surrender there is a growing ability to love and to feel loved, to forgive and to receive forgiveness; there is a deepening experience of freedom, acceptance and serenity.

Finally, there is the stage of gratitude and grateful living, "right-ordered living," and carrying the message. This stage is a life-long process, often not begun until after inpatient treatment has been completed. The patient begins to work the program of recovery he has forged in earlier stages, maintaining, consolidating and building on previous gains. Building this new life style involves much trial and error, and the pain and anxiety that come with purposeful change. There is often confusion as old ways of coping are disgarded, and healthier ways are discovered or constructed one step at a time. In short, recovery becomes the highest priority. Allegiance to the drug is replaced by allegiance to a program for recovery.

Within this overall recovery process, "Spirituality is born in dialogue" (Beckerman, interview). It is exper-

ienced in the give-and-take of relationships with others (conversations, interactions), with a higher power (prayer) and with self (meditation). It includes, yet transcends, all those qualities, experiences and beliefs that assist the addicted person in moving toward recovery. It includes the ability to face and accept himself, the ability to move toward greater authenticity and compassion in his relationships with others, and a deepening relationship to God or Higher Power.

This spirituality infuses a person's life with creative energy, allowing him to experience a passion and enthusiasm for living. [5,6] He comes to believe that there is a divine purpose for his life, a reason for his being on this earth.

An example of this movement toward wholeness and health can be seen in the relationship between the patient and his helper, be he therapist, sponsor or fellow patient. There is forward movement when the helper can confront the patient with the reality of his predicament while communicating acceptance of the person; when he can share alternatives and help the patient to conceive of his own options, while making it clear that the responsibility to choose rests with the patient alone. There is forward movement when the helper can offer a safe environment, emotionally and physically, wherein this process can take place. For the patient, there is permission to be and to change, and an immediate opportunity to experience a new

way of relating to the world. There is a growing awareness that there exists a "power" greater than himself, and that this power is benevolent and life-giving.

"Our innate need then is to be the person that God intends for us to be as integrated whole beings, and to accept ourselves as the persons we are...the central characteristic of the spiritual healing process is to focus on the integrative character of all dimensions of human life in a relationship to God" (Hoogewind quoting Frankl, 1982; See also, Hoogewind, 1981).

Recovery, the addict's spiritual journey, this process of becoming, is never fully realized, but represents a continuing struggle, a gradual "unfolding" of self. It represents a continuing process of birth, re-birth and discovery. The addict does not move clearly and precisely from one stage to the next, but may move back and forth between these stages, and may experience elements of more than one stage at any given time. The road to recovery and spiritual wholeness is life-long, and the steps in this process are predictably uneven.

Recovery is breaking the bonds that hold the addicted person to the drugs that provide only a temporary euphoria and solace from pain, and the bonds that keep him tied to the destructive life style that has developed around the obtaining and abuse of these drugs.

According to Whitfield, breaking these bonds is very

difficult because the addict has an important investment in maintaining the status quo, despite the negative consequences. "A major block to recovery from alcoholism--and often from co-alcoholism--is the person's grandiosity, wanting to control life and others, and not listening to what others offer. Yet their life gradually deteriorates, in spite of attempts at control" (Alcoholism and Spirituality, 11).

Changing this system is crucial to recovery. The addicted person must break these bonds and establish new bonds with a higher power that is a more permanent and constructive source of life-giving energy (Stuckey, lecture).

He begins to break these bonds when he admits his powerlessness over the drug, when he resigns himself to the unmanageability of his life, and when he can no longer manipulate and coerce others to support and enable his addictive life style. "...the reality of (the addict's) powerlessness and human limitation..." (Keller, 1985, 44) becomes clear to him. He is ready to get off the roller coaster, to turn his life over to a power other than himself in hopes of regaining his sanity and some semblance of order to his life. He is ready to begin "letting go" and to trust the process of recovery.

This concept of powerlessness goes far beyond the bounds of Step One, accepting powerlessness over alcohol and other drugs. It includes, for example, one's powerlessness to turn his life and will over, one's powerless-

ness to conduct a thorough and fearless moral inventory, etc. The addict is powerless in the sense that he cannot do these things by sheer force of personal will without outside help, nor can he do any one of them perfectly or completely.

According to Kurtz, "The human as not-God needed to accept limitation and further to find wholeness in that very limitation. Because he was not God, not absolute, the alcoholic had to embrace and live the realization that all absolutes escaped him: the absolute of control because it was beyond him; the absolute of dependence because it was beneath him" (Not God, 211).

Stroklund seems to capture this sense of powerlessness within the context of a positive spirituality when she states, "Spirituality is living in the flow of life---moment to moment---without judgment or control. It's embracing life as it naturally unfolds in the events of our daily lives" (Changes, Nov.-Dec. 1986, 13).

The addict, therefore, must let go of his grandiosity and listen to, and receive, what others have to offer (Keller, 1985, 11). He begins to accept reality on the "unconscious level" [7] which means seeing life as it is, not as he would like it to be nor as he is used to seeing it with the distorted vision of the infantile, or "big Ego" (Tiebout, 1954).

Detachment, Forgiveness and Serenity

The addict's acceptance of himself and of his past and present condition is necessary for him to experience the detachment and objectivity essential to his recovery. Becoming detached, he is able to stand back and review those things that he has done or failed to do in the past, and to examine the circumstances of his present condition, without paralyzing guilt or remorse. He is able to avoid the anxiety and the fear that come from trying to anticipate and plan for the future. Detachment allows him to stay in the here and the now, to experience an inner freedom and serenity (Tiebout, 1954, 43). He is able to identify, consider and choose from available options, unhampered by emotional and psychological "excess baggage."

Acceptance also means forgiving self and others for any past errors, hurts or misunderstandings. It means letting go of resentments so that he is, indeed, free to live fully in the present, and to devote his energies to constructive change. It includes, "...a gentle turning away from what we see with our body's eyes and a searching for the truth that lies beyond the individual's ego. Jampolsky (1981) said...Forgiveness is the vehicle for changing our perceptions and letting go of our fears, condemning judgments and grievances...(It then)...becomes a process of letting go and overlooking whatever we

thought other people may have done to us, or whatever we may think we have done to them...Forgiveness corrects the misperception that we are separate from each other and allows us to experience a sense of unity and at-one-ment..." (Tiebout, 1954, 60 and 61).

Detachment and forgiveness lead to peace of mind, and the ability to deal with the circumstances of one's life in a more healthy and consistent way. Where change is possible, corrective action can be taken. Where change is not possible, or too costly, the addicted person can accept the situation and direct his energies elsewhere. Such an attitude is the heart of AA's serenity prayer: "God, grant me the serenity to accept the things I cannot change, the courage to change the things that I can, and the wisdom to know the difference."

One particularly appropriate comment, shared by a colleague during a recent lecture on spirituality, goes further in affirming that, "Serenity is not a calm sea, but peace amid the waves" (Peckham, lecture). For the experiencing of serenity does not mean that the recovering person will not have to face some agonizing and difficult choices. Problems do not magically disappear. In fact, the number of options from which to choose may very well increase in number and complexity as the process of recovery continues. However, while life does not necessarily become simple, it does become more bearable and hope-filled!

A meditation in Twenty Four Hours A Day reads, "I should... keep spiritual things at the center of my life. Then I will be at peace amid the distractions of every day living" (April 14).

A Higher Power Initiates and Empowers Recovery

What motivates and sustains this movement toward healing and wholeness? It is the addict's experiencing of a power greater than himself. Peck writes, there is "...a powerful force originating outside of human consciousness which nurtures the spiritual growth of human beings...this force has been consistently recognized by the religious, who have applied to it the name of grace" (260-261).

As alluded to previously, I believe that this force exists both within and beyond the bounds of one's conscious and unconscious mind. Its source, I believe, is a beneficent Higher Power who desires that each of us reach for the fullness of our created potential, that is, to be open, creative and loving persons who, in seeking wholeness for ourselves, become instruments of wholeness and healing for others in our relationships with them.

Peck supports this view. "...the will to extend one's self for the purpose of nurturing one's own or another's spiritual growth...is love...our lives themselves...become the agents of God's grace. We ourselves...then...become

one form of the grace of God, working on His behalf among mankind, creating love where love did not exist before, pulling our fellow creatures up to our own level of awareness, pushing the plane of human evolution forward" (268 and 284).

This entire process, and our participation in it, promotes recovery from chemical dependency because it undercuts the ego-centricity that is part and parcel of the disease. It also serves to meet our basic needs as relational human beings: the need for "...a perspective that gives a reason for living" (Powell, 1972, 176); the need to experience "...basic trust--the sense of belonging in the world;" the need for a "Relationship with, and commitment to, an integrating object of devotion--a central value in (one's) system of values, a 'higher power'" and "Participation in a community with shared spiritual values (e.g., AA)" (Prugh, 31). [8]

At this point, it is essential to clarify the distinction between religion and spirituality. According to Hoogewind,

> A deeply felt God-consciousness is crucial to a recovering addicted person's recognition and acceptance of his inability to manage both his addictive substance and his whole life style around the substance. It is in a surrendered dependence to the care of 'God as you

> understand Him' that the addicted person is called to live responsibly and with accountability a 'spiritual life' where the qualities of willingness, honesty and open-mindedness express a grateful life of God-given sobriety.
>
> A necessary and careful distinction is made in Alcoholics Anonymous between 'religious' and 'spiritual.' Religious is the outward, 'churchy' (an AA term) or cultic expression of this inward, felt dependency on God and inner drive for renewed wholeness. Ernest Kurtz helps clarify this notion of spirituality: 'Most members of Alcoholics Anonymous come to an understanding of God through His felt rather than believed effect in their lives. Their knowledge of sobriety is not an act of blind faith: it is the embrace of a living reality'" (1981, 2).

The Shadow: The Dark Side of the Self

The concept of the "shadow" is extremely helpful in this discussion of spirituality and recovery. In many ways it is the very antithesis of a higher power and, therefore, requires consideration at this point.

The shadow is "...that part of our personality that we

dislike" (Whitfield, Alcoholism and Spirituality, 70). The shadow includes our imperfections, our guilt, anger, hurt, etc. It is also the undeveloped and the underdeveloped parts of the self (Miller, 127).

According to Miller, "Movement towards the achievement of wholeness or completeness (or 'perfection' in the sense of Jesus' use of the Greek word teleios) is accomplished not only through the continued infusion of goodness, righteousness and morality (striving after the good), but also through the acceptance (the 'owning') and conscious incorporation of one's dark and shadowy side into one's self. I am not a complete person until I incorporate into my conscious self that dark side of my person which is every bit as much a part of me as is that bright self which I parade before the world" (12). Coming to believe in a Higher Power and His healing at work in the addict's life, involves his forgiving himself and embracing this shadowy side.

This concept of the shadow is particularly significant and helpful for several reasons. First, it is a way of talking about that or those parts of the self that the addict would prefer to deny or avoid, but which need to be faced and accepted as part of an effective recovery program. Second, it is a useful tool in recovery because of the addict's tendency to see in others the worst parts of himself. Seeing his own shadow in another, he can begin

to recognize it as a reality of his own experience, accepting such insight and awareness as a gift. Facing his shadow, it is no longer viewed as something to be feared, but as a positive influence in his recovery from addiction. In the treatment process, what was once an occasion for "suffering" and shame, can be reframed as an opportunity for "self-knowledge and growth" (Whitfield, Alcoholism and Spirituality, 71).

For example, one effective treatment strategy is called normalizing the symptom. The pain, loneliness, anger or other feeling that may be a part of the patient's shadow is identified as a "normal" and legitimate feeling (e.g., "It's perfectly natural that you would be angry at your father for dying and leaving you stranded in that predicament. You can love him, and be sad that he is gone, and still be angry with him too!").

Thus, one who is recovering learns to call the feeling by name. He comes to accept it as normal, and express it appropriately. Now, the energy that once was used to avoid or deny the shadow feeling is available to support and forward one's recovery.

"Recovering alcoholics invite their shadows into their homes by telling their stories, by working the Twelve Steps, by helping others in need, by possibly eventually disclosing anonymity, and by numerous other ways" (Whitfield, Alcoholism and Spirituality, 71). The "enemy" that once was

avoided is now embraced to become a friend and an ally in recovery.

The Process of Conversion

Another helpful concept in the recovery process is that of conversion. The word itself is burdened with many negative religious overtones, but the underlying meaning, "to turn," "...giving one's self over to the new life, making it the centre of a new personality" (Starbuck, quoted in James, 1963, 210), is an effective way of describing the shift from an addictive life style to a recovering life style. As such, it represents a significant dynamic in the life of the chemically dependent person.

Conversion, or "transformation," as Whitfield speaks of it, represents "...a shift from living our life as an expression of our being (Erhard 1984). When we transform, we transform our awareness or consciousness. We switch from one domain of reality and being to another. Through such change, we transcend to higher, more empowering, more peaceful and more creative levels of being. At the same time that we experience more empowerment and more possibility, we also begin to take more responsibility for our lives" (Whitfield, Alcoholism and Spirituality, 79).

This experience may occur suddenly, as in Paul's Damascus Road experience (Acts 22) or in Bill W's "conver-

sion" (Alcoholics Anonymous, 12-14), [9] but more often, it takes place over a much longer period of time. In fact, as Whitfield notes, "The Big Book of Alcoholics Anonymous cautions that such sudden and dramatic spiritual awakenings as Bill W. experienced are unusual, most transformations being what James called the 'educational variety' because they develop slowly over a period of time" (Whitfield, Alcoholism and Spirituality, 79).

Either way, this "spiritual awakening" involves an event or series of events that includes particular ingredients: the experience of powerlessness, coming to believe that the answer to the dilemma (of powerlessness) exists beyond the self and outside of one's control, and the addict's consciously deciding to turn his life and will over to a "higher power." AA outlines this experience in the first three steps of the Twelve Steps to recovery (Alcoholics Anonymous, 59-60; cf. Appendix A).

Conversion in its deepest sense is not an isolated experience, but the beginning of a new way of life. It is a continuing experience of transformation as the addict sheds the old, unhealthy ways of thinking, feeling and behaving and incorporates new ways. Thus, AA outlines twelve steps to the recovery process. Steps 4 through 11 could be described as elaborations on the first three steps. And Step 12, carrying the message to other alcoholics, identifies the logical expanding focus of one who is experiencing

a spiritual awakening.

The Spiritual Guide: A Wounded Healer

In the recovery process, an important role is played by those who support the alcoholic, be they therapist, friend or sponsor. And, most often, a number of people fill this role throughout one's spiritual journey.

Professional or personal skills are indeed important here. But when the goal is spiritual wholeness as described previously in this paper, then the qualities of a spiritual person [10] become essential to one's effectiveness in working with the one who is recovering. Thus, many in AA circles recommend that a sponsor have at least one year's sobriety, and a recovering alcoholic have at least three year's sobriety before professionally working in the field.

Whitfield underscores the importance of the helper's spiritual development: "In recovery from alcoholism/CD and co-alcoholism, there is a difference between the terms transformation and reformation. The abstinent alcoholic who has not transcended to the Self or at least to the Acceptance/heart level can be called 'reformed,' whereas the person who has entered onto a spiritual path, to be the Self, can be called 'transformed" (Small 1982). The clinician who works with people just up to the reformed level, i.e., up to the Mind level of consciousness, has an

opportunity to go beyond it and to help them to transform their lives. To help accomplish such a task, the clinician usually has to work from his or her own heart" (Alcoholism and Spirituality, 85 and 86).

I believe that it is essential that the helper share himself as a human being who can feel and who is willing to relate out of his own experience as a dependent or co-dependent individual. As he goes through the stages of his own spirit-struggle, and as he tenaciously and vigorously pursues his own program of recovery, he can more effectively empathize with and support the recovering addict.

Whitfield notes, "At this point an important principle of transpersonal and spiritual psychology applies: a person can usually work through, transcend and transform only to a level at which his or her own clinician is functioning. The clinician who is attached to his ego, or even lower, may have a difficult time letting the person rise above his own ego level" (Alcoholism and Spirituality, 85).

Therefore, the most effective therapist/helper is one who can accept his own powerlessness over the patient and the chemical to which he is addicted, the one who can trust the process of recovery rather than trying to control the patient or to "force" his recovery, or to impose his own program of recovery on the patient. The most effective therapist/helper is one who is aware of, and can accept and openly admit, his own vulnerabilities and limitations

("God chooses some crooked pens to draw straight lines"- Quinn, lecture). He is open to his own feelings. He is able to ask for, and accept, the support and caring expressions of his colleagues and his patients!

One particular example is this author's work with a patient I shall call John. John agreed with just about everything that others said in group therapy sessions. He rambled on about this detail and that, and he carefully avoided any self-revelation or expression of his own feelings. I found myself getting very angry with John and we "locked horns" frequently, with bitter result. It was not until I was able to see (with the help of my co-therapist) how scared John was, and how afraid I was of not being the perfect therapist (!) that our relationship changed. I apologized to John for trying to change him (so that I would feel o.k.). I admitted my fear of failure and my anger. Having admitted my own powerlessness over John, I was able to "let go" (Step 1). And John was then able to admit his own fears and his own anger. He began to understand how his "rambling" and "placating" helped him to avoid uncomfortable feelings. He began to feel safe enough to experience the therapeutic process, and begin to make some healthy changes in his life.

Henri Nouwen says of helpers that, we need "...to enter ourselves first of all, into the center of our existence and become familiar with the complexities of our inner lives...(learning and experiencing what it is to)...

feel at home in our own house" (1972, 38).

As an example, he states, "...forgiveness is only real for him who has discovered the weakness of his friends and the sins of his enemy in his own heart, and is willing to call every human being his brother...(The therapist is) ...called to be the wounded healer, the one who must look after his own wounds but at the same time be prepared to heal the wounds of others" (1972, 41).

Another way to state this is that the goal for the helper is authenticity, to be real and to have his own house in order so that he may effectively and compassionately invite others to become authentic. "How it works is who you are," states Hoogewind (1986). The helper himself must "walk the talk."

If one of my goals as a therapist is to "Awaken people to what they can be passionate about" (Quinn, 1986), then it will help if I am passionate about my life, my work and my recovery. If one of my goals is to "Reflect back to people their divine origin" (Quinn, 1986), then it will help if I have the conviction that my life is from God, and that my life and work are part of God's larger plan, a thread in the fabric of a universal order. If I wish to invite recovering alcoholics to accept and present themselves and their life circumstances in an honest and straightforward manner, then it will be helpful for me to model this same attitude and behavior.

Experiencing my self, and relating to others, as a "wounded healer," "...is a very confronting service. It does not allow people to live with illusions of immortality and wholeness. It keeps reminding others that they are mortal and broken (powerless), but also that with the recognition of this condition, liberation (recovery) starts" (parentheses mine) (Nouwen, 1972, 95).

Experiencing the presence of a higher power in the midst of my own powerlessness, I am able to offer my self and my experience to another with both humility and detachment. My story is not the whole story, nor is it the only possible story. And my value as a human being, and the significance of my story, does not depend on the response of the one who hears it.

"...we can only make others free because we are set free by Him whose heart is greater than ours. When we have found the anchor places for our lives in our own center, we can be free to let others enter into the space created for them and allow them to dance their own dance, sing their own song and speak their own language without fear. Then our presence is no longer threatening and demanding but inviting and liberating" (Nouwen, 1972, 93).

Further, as a pilgrim on my own journey, I can truly comprehend, in a profoundly personal way, "...the seriousness and the enormity of the task I am asking my patients to undertake" (Wilson, interview). And I am able to

communicate this understanding within the helping relationship.

Recovery as a Journey Homeward

Another way to speak of recovery is to describe it as a journey homeward. It is a journey homeward to one's self in order to discover the unique meaning of his life and his unique place in the universe.

Philip Hansen reflects this viewpoint when he describes alcoholism as "...a living problem more than a drinking problem" (12). In dramatic terms he outlines the disease/recovery process using the parable of the Prodigal Son (Luke 15), describing addiction as the process of coming to one's senses and beginning the journey homeward.

Home in the parable represents the discipline, routine and security of the family environment. The younger son, in his self-centeredness, demands the inheritance due him and leaves home. However, his freedom turns into a nightmare of want and wasteful living. He comes to his senses, realizing the constraints of his family home were, in fact, helpful and nurturing structures within which he could build a meaningful life. He returns home and is welcomed graciously and enthusiastically by his loving father.

Home also represents the prodigal's (and the alcoholic's) spiritual center. Leaving home in search of freedom

and fulfillment is an expression of both his search for meaning, and of his "negative Ego," his narrow self-centeredness. But this search ends in frustration and defeat (hitting bottom). He realizes that this life style does not, and can never, deliver what it promises, but produces only alienation and separation from his self (spiritual center) and others. He decides to return home, to seek his spiritual center, and a positive organizing principle for his life (a higher power).

Padavano, in Dawn Without Darkness, further expands upon this same theme:

> Home is not a place, it is an attitude. It is an attitude which depends upon how much we are able to feel at home with ourselves as well as with others. Home is something which happens to a person; home-coming has less to do with geography than it has to do with a sense of personal integrity or inner wholeness. The most important of all endeavors in life is to come home.
>
> The human heart was made to be at home with itself. It is this aspiration which is at the heart of all yearning. We wish for home as our first wish, hope for home until our last hope, dream of home with every dream we form. We cannot bear to be strangers..." (37-39).

Padavano beautifully sheds light on the process of recovery as outlined in the Twelve Step program of AA when he concludes, "One never comes home until he prefers a gentle heart to mastery of other lives. One comes home when he learns how to bring a gift and to receive one. One is home when he gives mercy, makes peace, hurts for justice. One is homeward bound when he is more tormented by the death of innocence than by the frustration of his ambitions. One makes a home every time he allows a man to feel at home with himself. One is on the right road, not far away, close enough to run the last mile, when he realizes that the greatest of all gifts to give another is home and that the most surprising of all gifts to receive is home-coming" (40).

Spiritual Values and Spirituality in the Treatment Setting

Experiencing powerlessness, and using this experience as the foundation for building an entirely new life style is one way of describing the recovery process. This new life style includes key ingredients, or spiritual values, such as honesty, responsibility, humility, trust and trustworthiness, gratitude, openness and spontaneity, caring for others and allowing one's self to be cared for, the willingness to give and to receive, having a sense of vocation (a sense of meaning and purpose to my life), detachment, serenity, and fully living in the here and the now. Certainly other qualities could be added to the list.

However, a word of caution needs to be voiced. One does not "get" spiritual, or achieve spiritual values (e.g., become more honest or achieve greater spontaneity) merely by following certain religious practices or even by faithfully working the Twelve Steps of AA, although these may certainly help and are to be encouraged! But, there is an element of "gift" in the process of recovery.[11] For sometimes these qualities become a part of a person in spite of his best efforts or lack of obvious effort, in spite of his worthiness or apparent lack of it. And there is an element of mystery to this process. How recovery happens, or when particular elements fall into place,

is beyond one's human and natural understanding. Simply put, the recovering person is not the one in charge. Gifts, abilities and understanding come from beyond the self, from a power "higher" and greater than the self.

So, while one may identify certain spiritual values, and set his sights on fostering such qualities in his own life, he does so with fear and trembling. He trusts that his Higher Power is at work in and through his life and the lives of others who are working their own recovery program. He trusts the process rather than dwelling or brooding on day to day events and circumstances. To paraphrase Luther, he works and plans as if all depends upon his own efforts, yet he prays and trusts as if all depends upon his Higher Power.

In the final analysis, spirituality is exactly this: one's decision that everything does depend upon a power greater than himself. And the life style that one chooses to embody and pursue for the rest of his life serves as an illustration of this decision.

Just as addiction is a process, a "progressively downward spiral," so too, treatment is a process whose forward movement can be traced in a series of steps that can be identified, and to a large degree, prepared for and planned out.

I am assuming in this paper that the alcoholic enters a 21-28 day inpatient treatment program that includes such

elements as detoxification, chemical dependency education, family involvement, individual therapy, group therapy and a commitment to staff training and development. [12]

Keeping in mind the understanding of spirituality outlined earlier, I will attempt to describe a treatment approach that, within this context, includes confronting the dependent and co-dependents on the symptoms of the disease as they manifest themselves in their day to day experiences and relationships. I will attempt to show how, through therapy and education, the dependent and co-dependents can be invited toward wholeness, and toward healthier behaviors, attitudes and relationships.

Throughout this discussion it is important to remember that spirituality can not be addressed within the treatment process by limiting our concern to certain "spiritual issues." For example, including a lecture/discussion on the role of faith or using the services of a chaplain, while perhaps very important, are not the whole story.

Spirituality is not an isolated concern but finds expression within, and impacts, every aspect and stage of recovery. Treatment and recovery is essentially a spiritual process, and the whole process must be involved if we are to deal with spirituality in its fullness.

Perhaps this is exactly why AA has succeeded where others have failed. Through and through, AA is a spiritual program. According to Quinn, "The whole program of AA is

spiritual. It makes people aware of the spirit that is within them" (Wholey, 293).

Suggested Treatment Components

The following suggestions are tailored to a 21-28 day treatment program and emphasize the first five steps of AA because of the limitations inherent in such a time frame. I propose six components: staff inservice meetings, a staff support group, lectures on spirituality, a patient discussion group, family presentations and individualized treatment plans.

The first component is a staff inservice training session to be held quarterly on the subject of spirituality, its impact on, and relationship to, treatment and recovery. Here, I would share with staff members examples of treatment plans that attempt to deal with specific spiritual issues. Also, I would include a discussion of various helper-resources such as Nouwen, The Wounded Healer, Peck, The Road Less Traveled, Whitfield, Alcoholism and Spirituality and Hoogewind, "Wholistic Ministry to Addiction" and "The Spiritual Nature of Addiction."

The second component is the staff support group, meeting once weekly, to which all staff members are invited. These meetings would be sharing sessions where staff members could discuss the concepts as well as their own exper-

iences of powerlessness, grace, surrender and the like. For example, they could use this group as an opportunity to process their own grief, fears and/or feelings of isolation as they experience these personally in the treatment process. There could be a sharing of available religious and spiritual resources, and the opportunity for individuals to tell how a particular resource has affected them personally or is used by them in the treatment program.

The third component would be a series of three lectures offered to patients in treatment, one week a part. The first lecture would be entitled, "Spirituality: what it is and what it is not." Here I will begin by having patients suggest words that describe both religion and spirituality, and list them separately on the board. I will use these lists as the basis for discussing the difference between religion and spirituality, positive and negative spirituality and spiritual issues within the addictive/recovery process.

The second lecture is entitled, "Steps One through Five: an AA roadmap to wholeness." Following a brief overview of the 12 Steps of AA, I will focus on the concept of powerlessness (Step One), asking for examples of when patients have experienced powerlessness in their own lives. I will speak of the relationship between powerlessness and humility, and describe how powerlessness is a part of each of the first five steps. I will also include

a discussion of how the addict's bonds to his drug and to his dependent life style need to be replaced by bonding to a higher power and to a supportive community, and how steps one through five can facilitate this process. During this session, I will introduce the notion of "Fifth Steps" where, having completed a moral inventory, patients can share with a therapist or chaplain the content of this inventory. Those who desire to take such a step, and for whom it is appropriate to do so at this stage in their recovery, could then make arrangements to do so.

The third lecture is entitled, "Spiritual resources for recovery." I include here a review of materials that are supportive of the alcoholic's recovery, emphasizing the spiritual nature of each. Some of those I will present are, What is Spirituality (Bjorkland), Good Grief (Westberg), Alcoholics Anonymous, The Twelve Steps and The Twelve Traditions, Ego Factors (Tiebout), Sick and Tired (Hansen), Your God Is Too Small (Phillips), Came to Believe, and As Bill Sees It (Bill W.).

The fourth component is a weekly discussion group where patients focus on issues such as powerlessness/control, Higher Power/surrender, honesty/responsibility, the importance of "good" grief, values and priorities (What is sacred to me?) and vocation (What are my strengths?, What is my calling?). In addition, the subject for discussion might be a Bible story such as the woman caught in adul-

tery (John 8, forgiveness and new beginnings), or the prodigal son (Luke 15, independence, dependence and acceptance). Or it might center on a quotation such as Augustine's, "Thou hast made us for Thyself, O Lord, and our hearts are restless until they rest in Thee," a poem such as Francis Thompson's, "The Hound of Heaven" or a reading from AA's Twenty Four Hours A Day.

The fifth component is a weekly presentation for family members. The first presentation, given on an every-other-week basis, would focus on spirituality and spiritual issues in recovery. It would cover such topics as what is spirituality and what are spiritual issues, the place of AA and Alanon in the recovery process, the co-dependent's enmeshment in the alcoholic system and the need for detachment and how it can be achieved. The second presentation, given on alternate weeks, would introduce and describe the religious/spiritual resources that are especially valuable for family members. I would emphasize such works as The Twelve Steps and Twelve Traditions of Alanon, Families Under The Influence (Elkin), Choice Making For Co-Dependents, Adult Children and Spirituality Seekers (Wegscheider-Cruse, Night Light (Hazelden Meditation Series), Detachment (Leite) and One Day At A Time In Alanon.

Both presentations would invite family members to pursue their own program for recovery in order to deal with the hurt, guilt and anger that are an almost inevitable

outcome of living with an alcoholic. They would include frequent invitations to family members to arrange individual appointments with the therapist and/or chaplain if there are issues they wish to discuss further.

The sixth component is the individualized treatment plan. The four examples below are merely suggestive, and it should be noted that their content does not represent the full range of possible problems and goals, nor all the available methods that might be utilized to deal with them. And I am not suggesting that all of the methods listed need to be utilized in addressing the particular problem indicated. For example, the therapist's first hand knowledge of the patient, and the timing of an intervention so that it is most effective, are both factors that might dictate when and how a particular method is employed. The therapist would make such decisions in consultation with the patient, the treatment staff and/or the chaplain.

I offer four individualized treatment plans for the purpose of illustrating this component.

The first treatment plan focuses on beginning the work of resolving grief issues and accepting the concept of a higher power. Many patients will be dealing with significant losses when they enter treatment such as job, family, or self esteem, as well as the central issue of saying "goodbye" to their drugs and their chemically dependent life style. And they may need to work through issues

around the concept of higher power. For example, separating the notion of spirituality from the reality of their past experiences with religious institutions, teachings, etc. may be important to their recovery.

The second individualized treatment plan focuses on any guilt the patient may be experiencing with regard to any past failings, shortcomings or missed opportunities. This plan emphasizes the concept that addiction is a disease, not a moral failing, and attempts to help remove potential roadblocks to the patient's active and whole-hearted participation in the recovery process.

The third treatment plan attempts to undercut the patient's tendency to compulsively control others and withdraw from the world around him because of shame, a sense of false pride or pseudo-independence. The goal is to have the patient become actively engaged in the treatment milieu and AA community, and to begin the process of selecting a sponsor.

The fourth treatment plan addresses the issue of honesty. Many patients are carrying the excess baggage of having been dishonest with themselves and with others (lying, cheating, deceptions and/or rationalizations) during their addicted lives. They need to make amends where this is possible and therapeutic, and to exercise care in keeping their recovery on an honest footing.

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CHELSEA COMMUNITY HOSPITAL SUBSTANCE ABUSE DEPARTMENT

TREATMENT PLAN

Patient Name Treatment Plan # 1

*Type of Goal	
St	Staff
P	Patient
L	Long
Sh	Short
M	Mutual

Date	Problem	Goals *Include Type of Goal	Methods to Achieve Goals	Time Needed	Evaluation of Goal Completion
	Patient is depressed, feels life has little meaning, and that there is no reason to recover; is grieving the loss of family and employment.	Patient to begin to work through grief issues. P Sh Patient to begin to learn about the place of a higher power in recovery and consider identifying/accepting a higher power for himself. P Sh	Individ. Ther. 3x/wk. F. Prezioso, M.A. Group Ther. 5x/wk. E. Fabes, M.S.W. Spirituality lectures Staff. 1x/wk. Pt. Disc. Group Staff. 1x/wk. AA. 3x/wk. Interview with Chaplain, arranged by patient. Daily readings/journal: What is Spirituality Bjorkland Good Grief, Westberg 24 Hrs/Day, AA Big Book, AA Dr. Bethea's lectures on AA, 1x/wk.	3 wks.	Patient will talk about losses in treatment sessions and express feelings appropriately Patient will share what he is learning about higher power with others in treatment sessions, as well as asking pertinent questions. Patient will have a daily journal to document readings. Patient will be more active in program sessions; affect will be more animated.

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CHELSEA COMMUNITY HOSPITAL SUBSTANCE ABUSE DEPARTMENT

TREATMENT PLAN

*Type of Goal

St	Staff
P	Patient
L	Long
Sh	Short
M	Mutual

Patient Name Treatment Plan # 2

Date	Problem	Goals *Include Type of Goal	Methods to Achieve Goals	Time Needed	Evaluation of Goal Completion
	Patient feels guilty over past life; feels substance abuse (his disease) and its effects on his life are punishments.	Patient to accept his alcoholism as a disease, begin to work through his guilt and become actively engaged in the recovery process. P Sh L	Interview with Chaplain arranged by pt. AA. 3x/wk. Spirituality lecture, 1x/wk. Patient Disc. Group, 1x/wk. Individ. Ther., 3x/wk. E. Fabes, M.S.W. Group Ther., 5x/wk. T. Peckham, M.A. Daily readings documented in a written journal: Acceptance, Collins Sick and Tired, Hansen. Twelve Steps, AA. Dr. Bethea's AA lectures, 1x/wk.	3 wks.	Pt's. conversations and contributions in treatment sessions will reflect an awareness of the disease concept. Pt's. affect will be less flat and more expressive; physical posture will be more animated. Pt's. statements will be more positive, less of "I'm no good" or "I deserve to be punished" variety and more self-affirming. Patient will have a journal to document readings.

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CHELSEA COMMUNITY HOSPITAL SUBSTANCE ABUSE DEPARTMENT

TREATMENT PLAN

*Type of Goal	
St	Staff
P	Patient
L	Long
Sh	Short
M	Mutual

Patient Name Treatment Plan # 3

Date	Problem	Goals *Include Type of Goal	Methods to Achieve Goals	Time Needed	Evaluation of Goal Completion
	Patient believes he can recover on his own and is attempting to control his own treatment.	Patient to understand the need for support of other recovering persons. P Sh L Patient will ask for help from others. P Sh L Patient will actively participate in all aspects of the treatment program. P Sh	Individ. Ther., 3x/wk. B. Beckerman, M.A. Group Ther., 5x/wk. J. DeVivo, M.S.W. Family Ther., 1x/wk. L. Douglas, M.S.W. Spirituality lectures, Staff. 1x/wk. Pt. Disc. Grp. 1x/wk. AA, 3x/wk. Daily readings documented in a written journal: Partners, Collins Big Book, AA Ego Factors, Tiebout Sponsorship, AA Dr. Bethea's lectures on AA, 1x/wk.	3 wks.	Pt's. conversations and statements in treatment sessions will reflect an awareness of the need for the support and encouragement of other recovering persons Pt. will be observed asking for help from others in appropriate ways. Pt. will participate in all treatment sessions, even when "not feeling like it" or when he "doesn't see the need for it." He will raise questions and discuss his feelings rather than isolating, sulking or walking away in anger.

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CHELSEA COMMUNITY HOSPITAL SUBSTANCE ABUSE DEPARTMENT

TREATMENT PLAN

Patient Name Treatment Plan # 4

*Type of Goal	
St	Staff
P	Patient
L	Long
Sh	Short
M	Mutual

Date	Problem	Goals *Include Type of Goal	Methods to Achieve Goals	Time Needed	Evaluation of Goal Completion
	Patient has been dishonest with staff in his previous treatment setting and continues to exhibit this behavior in the present treatment setting.	Help the patient to understand the need for honesty in the recovery process. P Sh Patient to begin to get honest with himself, program staff and family members. P Sh L	Indiv. Ther., 3x/wk. F. Prezioso, M.A. Group Ther., 5x/wk. E. Murphy, M.A. Family Ther., 1x/wk. F. Prezioso, M.A. Pt. Disc. Grp., 1x/wk. AA, 3x/wk. Milieu Programming, Subs. Abuse Team Daily readings documented in a written journal: Twelve Steps, AA Toward Spirituality, Dollard Pt. phone calls to therapist and program director of previous treatment, "coming clean" concerning past dishonesty. Calls made in presence of current therapist.	3 wks.	Pt's. statements will match in all sessions. Pt's. attendance at sessions and follow-through on agreements (readings and phone calls) will be documented in progress notes as completed. Pt. will share his progress with others during scheduled treatment sessions, and ask for positive feedback for his efforts. Pt. will have a journal to document readings.

Conclusion

I have attempted in this paper to give some shape and definition to the term spirituality as it relates to the addiction and recovery of chemically dependent persons and co-dependents. I have endeavored to enumerate a variety of spiritual issues that are a part of the recovery process, and then to suggest a comprehensive approach for emphasizing spirituality within an inpatient treatment setting of 21-28 days.

I hope the reader will have gotten some glimpses into my own spiritual journey, for I have tried to share some of my self in these pages. Perhaps, too, I have helped you to think about your own journey and the place of spirituality in the treatment/recovery process in some new ways.

For me, the spiritual journey of recovery is nothing more or less than my life's journey from birth to death, seen within a universal context and interpreted from a spiritual perspective. Following the process outlined in the Twelve Steps of AA, this journey of recovery involves three general dynamics or relationships. First, experiencing my own powerlessness and developing a relationship with a power greater than my self, whose support can help me attain meaning and fulfillment in my life (Steps 1-3 and 11); second, coming to terms with who I am (Steps 4-7 and 10); and third, recognizing my inter-dependence with

others, and my responsibilities toward them (Steps 8, 9 and 12).

The alcoholic's addiction provides a focus and a special opportunity for heightened awareness and sharpened sensitivity on this path of spiritual growth. Some even describe their addiction as a "gift" in this regard. However, I believe the process described above, and throughout this paper, is also common to all people who choose to take the risks and experience the pain inherent in spiritual growth.

I shared my faith-assumptions at the beginning of this paper (e.g., my belief in a loving, purposeful Creator). The reader may not share these same assumptions, nor use the same language in describing the dynamics of addiction and recovery. However, I do believe that there is broad agreement on the dynamics themselves, as I hope we can agree on the importance of exercising personal responsibility for the life that each of us has to live, and the need to support and care for one another in our common search for health and wholeness. These areas of agreement serve as the foundation for our working together in the field of substance abuse treatment, whatever one's faith stance might be. They give us an opportunity to share our own spiritual journey "homeward" with those who choose to walk with us on that path.

Spirituality is born and sustained in dialogue. I,

therefore, invite the reader to share his/her personal responses to this paper with me. Perhaps, through a continuing dialogue, we can increase our sensitivity to spiritual concerns and advance a step or two on the road to spiritual growth and well-being.

Appendix A

The Twelve Steps of Alcoholics Anonymous

1. We admitted we were powerless over alcohol--that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God as we understood Him.
4. Made a searching and fearless moral inventory of our selves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power

to carry that out.

12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

Notes

1. Donovan describes drug taking as, "...a maladaptive strategy to soothe, protect and inflate the otherwise vulnerable self" (Donovan, 4).
2. For an excellent theological treatment of powerlessness and grace, addiction and recovery, see Tillich, "You Are Accepted" in The Shaking of the Foundations, 1948.
3. "Many theorists, among the most prominent, Gregory Bateson in his book, Steps to an Ecology of Mind, states that the alcoholic seeks wholeness through intoxication. The intoxication provides non-ordinary states of consciousness, which allow temporary relief from the internal conflict" (Burton and Kiley, 5).
4. I question Whitfield's assertion that hitting bottom is an essential condition for growth and psychological change. Perhaps, as a dependent or co-dependent, I must hit bottom, or experience my own powerlessness and be confronted with the consequences of my self-destructive, addicted life style before I can begin recovery. However, I also believe that I can choose to change or improve my life style simply because I desire to enhance and enrich the life that I have on my hands.
5. "The Greeks had a word for the God within--en theos. The English word "enthusiasm" derives from it. From

my experience in working with alcoholics, I am thoroughly convinced that the inner emptiness must be replaced with enthusiasm..." (Estes, 13).

6. I have found that one key indicator that demonstrates a patient is engaged in the treatment process, and on the road to recovery, is his passion and enthusiasm for some person or cause outside of himself. Should this energy at first be self-serving or self-destructive, it seems it is still preferable to there being no energy present at all. For it seems easier to rechannel and re-direct energy that a patient is using against himself (depression or overt hostility) than it is to produce such energy and enthusiasm where it does not already exist.
7. "Through a complex of factors, our conscious self-concept almost always diverges...from the reality of the person we actually are. (Therefore,)...a major and essential task in the process of one's spiritual development is the continuous work of bringing one's conscious self-concept into progressively greater congruence with reality" (Peck, 251).
8. "...alcoholics cannot exist independently of social networks...Rehabilitation of the alcoholic therefore requires changes in attitudes, development of new norms as well as changes in social milieu. Otherwise stated, the process of rehabilitation involves reac-

culturation and social relocation" (Paredes, 1983).

9. Kurtz records Bill W.'s personal recollection of this experience in the book, Not God: "Suddenly the room lit up with a great white light. I was caught up into an ecstasy which there are no words to describe. It seemed to me, in the mind's eye, that I was on a mountain and that a wind not of air but of spirit was blowing. And then it burst upon me that I was a free man. Slowly the ecstasy subsided. I lay on the bed, but now for a time I was in another world, a new world of consciousness. All about me and through me there was a wonderful feeling of Presence, and I thought to myself, 'So this is the God of the preachers!' A great peace stole over me and I thought, 'No matter how wrong things seem to be, they are all right. Things are all right with God and His world" (1979, 19-20).

10. It has been observed by one colleague on my spiritual journey, and I believe rightly so, that "Spiritually based treatment programs are growing faster today than the birth of spiritual people needed to staff them" (Kendrick, seminar).

11. An appropriate symbol for recovery and spirituality is the butterfly. I can appreciate and experience its beauty, but it must come to me. I can make an effort to approach it, but if I attempt to grasp it, I risk pushing it away or crushing it (Whitfield, Alcoholism

and Spirituality, 9).

12. An "Intervention" may precede the inpatient treatment process. This is a formally organized meeting or series of meetings where the addict is confronted by friends, relatives and/or associates with the facts of his addictive behavior, and the future consequences should this behavior continue. The intervention is an attempt to get the addict to accept treatment, and is growing in popularity as its effectiveness is demonstrated. The reader who wishes to learn more about this strategy is referred to Vernon Johnson's books, I'll Quit Tomorrow and Intervention.

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